

Personal Information

Name: _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

SSN: 000-000-0000 (in person only) Driver's License: _____

Date Available to Start: _____ Weekly Availability: _____

Ideal Schedule:

Any Special Scheduling Considerations?

Are you a U.S. Citizen? Yes/No

*If not, are you allowed to work in the U.S.? Yes/No

Have you ever worked for this employer? Yes/No

If yes, write dates you worked here:

Have you ever been convicted of a felony? Yes/No

If so, please attach a letter of
explanation _____

Education

Any Special Interests:

Highest Level of Education Completed:

Any Specialty Certifications/Skills:

Active & Unencumbered Professional Licenses:

Background

1) As an applicant, will you consent to a background check? Yes/No

2) Do you attest to the fact that your professional licensure is active and unencumbered? Yes/No/NA

If not, please explain.

3) Has your professional license ever been revoked, restricted, denied or removed? If so please explain.

4) Have you ever been denied hospital/clinic or other privileges?

5) Are there any past, current or pending legal judgements, lawsuits, and the like concerning your professional behavior or professional practice?

6) Have you ever been convicted of a crime or felony and penalized other than traffic tickets?

References

Please provide three professional references we can call concerning your previous employment.

- | | |
|----|-------|
| 1) | phone |
| 2) | phone |
| 3) | phone |

Employment History

Name: _____ Dates of Employment: _____

Supervisor Name: _____ Phone Number: _____

Address: _____

Title: _____ Duties: _____

Starting Hourly Wage: _____ Ending Hourly Wage: _____

Reason for Leaving: _____

Name: _____ Dates of Employment: _____

Supervisor Name: _____ Phone Number: _____

Address: _____

Title: _____ Duties: _____

Starting Hourly Wage: _____ Ending Hourly Wage: _____

Reason for Leaving: _____

Name: _____ Dates of Employment: _____

Supervisor Name: _____ Phone Number: _____

Address: _____

Title: _____ Duties: _____

Starting Hourly Wage: _____ Ending Hourly Wage: _____

Reason for Leaving: _____

By Signing below, you acknowledge that Heart of Hope Health is an Equal Opportunity Employer and that we do not discriminate against applicants based on their age, sex, race, color, creed, gender, religion, disability, or any other God given uniqueness.

I, _____, the applicant, agree that my statements in this application are honest and truthful to the best of my ability. I also acknowledge that if I become employed or volunteer at Heart of Hope Health and it is found to be that I have falsified information in this document, I may be excused from service based upon that revelation.

_____ Date: _____

Applicant